

JEFFREY CLYDE JOBE

Name

20430 006

Prison Number FEDERAL CORRECTIONAL INSTITUTION

Place of confinement 1900 Simler Ave

Mailing address BIG SPRING, TX 79720

City, State, Zip

Telephone

RECEIVED

SEP 28 2020

CLERK, U.S. DISTRICT COURT
ANCHORAGE, AK

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

JEFFREY CLYDE JOBE,

(Enter full name of plaintiff in this action)

Case No. _____

Plaintiff,

(To be supplied by Court)

vs. ALASKA DEPARTMENT OF CORRECTIONS HEALTH SERVICES

YOLONDA COTTON (P.A.),

**PRISONER'S
COMPLAINT UNDER
THE CIVIL RIGHTS ACT
42 U.S.C. § 1983**

MARTHA MOORE (M.D.),

CHETS LYNN (Superintendent),

(Enter full names of defendant(s) in this action.

Do NOT use *et al.*)

Defendant(s).

A. Jurisdiction

Jurisdiction is invoked under 28 U.S.C. § 1333(a)(3).

B. Parties

1. Plaintiff: This complaint alleges that the civil rights of Jeffrey Clyde Jobe
(print your name)

who presently resides at Anchorage Correctional Complex 1400 East 9th Ave Anchorage AK 99501
(mailing address or place of confinement)

were violated by the actions of the individual(s) named below.

2. Defendants (Make a copy of this page and provide same information if you are naming more than 3 defendants):

Defendant No. 1, Yolanda Cotton is a citizen of
(name) Physitions Assistant
Alaska, and is employed as a Alaska Department of Corrections Health and Rehabilitation Service
(state) (defendant's government position/title)

This defendant **personally participated** in causing my injury, and I want **money damages**.

OR

The policy or custom of this official's government agency violates my rights, and I seek **injunctive relief** (to stop or require someone do something).

Defendant No. 2, Mary Moose M.D. is a citizen of
(name) Medical Doctor
Alaska, and is employed as a Alaska Department of Corrections Health and Rehabilitation Service
(state) (defendant's government position/title)

This defendant **personally participated** in causing my injury, and I want **money damages**.

OR

The policy or custom of this official's government agency violates my rights, and I seek **injunctive relief** (to stop or require someone do something).

Defendant No. 3, Chris Lyu is a citizen of
(name) Superintendent
Alaska, and is employed as a Alaska Department of Corrections Health and Rehabilitation Service
(state) (defendant's government position/title)

This defendant **personally participated** in causing my injury, and I want **money damages**.

OR

The policy or custom of this official's government agency violates my rights, and I seek **injunctive relief** (to stop or require someone do something).

REMINDER

You must exhaust your administrative remedies before your claim can go forward.
THE COURT MAY DISMISS ANY UNEXHAUSTED CLAIMS.

C. Causes of Action (You may attach additional pages alleging other causes of action and facts supporting them if necessary. Make copies of page 5 and rename them pages 5A, 5B, etc. and rename the claims, "Claim 4," "Claim 5, etc.").

Claim 1: On or about October 8 2018, my civil right to

(Date)

Medical Care / 8th Amend.

(Medical care, access to the courts, due process, freedom of religion, free speech, freedom of association, freedom from cruel and unusual punishment, etc. List **only one** violation.)

was violated by P.A. Yolanda Cotton

(Name of the specific Defendant who violated this right)

Supporting Facts (Briefly describe facts you consider important to Claim 1. State what happened briefly and clearly, in your own words. Do not cite legal authority or argument. Describe exactly what each defendant, by name, did to violate the right alleged in Claim 1.):

I was brought in to the Anchorage Correctional Complex and given a medical assessment. I suffer from a severe seizure disorder, at which time I was treating with CBD oil and my seizures were "fully controlled". I was told that I would not be able to get CBD oil while in the custody and care of DOC. I informed DOC medical that I would need a combination of medicine called Keppra and Tegretol "To best control my seizures if CBD oil could not be given. I signed release of medical information DDCS for my medical records to support my disorder was real and I was in fact taking Keppra and Tegretol. P.A. Yolanda Cotton Substituted a medicine called "Lemectol" for Tegretol saying it was the same thing "just a newer form of Carbamazepine" which is what Tegretol is. This medicine caused severe nearly fatal side effects to include bleeding from my ears, eyes, nose, severe headaches, and rashes. before it was finally stopped by an outside neurologist I had suffered more than 40 seizures in 5 months.

Claim 2: On or about March 20 2019, my civil right to
(Date)

Cruel and unusual Punishment

(Medical care, access to the courts, due process, freedom of religion, free speech, freedom of association, freedom from cruel and unusual punishment, etc. List **only one** violation.)

was violated by MARIA Moore M.D.

(Name of the specific Defendant who violated this right)

Supporting Facts (Briefly describe facts you consider important to Claim 2. State what happened briefly and clearly, in your own words. Do not cite legal authority or argument. Describe exactly what each defendant, by name, did to violate the right alleged in Claim 2.):

I was taken off a Drug called Lemental and placed in Administrative Segregation and had done nothing wrong other than taking medication they prescribed. I was striped of access to Law library, ability to make phone calls after 6pm. Unable to take showers when I needed had no access to programs, No communal meals, No std visitations, chained to the floor during Attorney visits, no recreation, severely depressed and unable to participate in my defense as a result my case was continued time and time again until I could activley review the 42,000 pages of discovery without being punished or over medicated.

Claim 3: On or about October 8 2019, my civil right to
(Date)

MEDICAL CARE

(Medical care, access to the courts, due process, freedom of religion, free speech, freedom of association, freedom from cruel and unusual punishment, etc. List **only one** violation.)

was violated by Chris Lyon (Superintendent)
(Name of the specific Defendant who violated this right)

Supporting Facts (Briefly describe facts you consider important to Claim 3. State what happened briefly and clearly, in your own words. Do not cite legal authority or argument. Describe exactly what each defendant, by name, did to violate the right alleged in Claim 3.):

I was taken out of my cell #1 Fox Mod at the Anchorage Correctional Complex East. At around 11 pm. and told I was to be rehoused in medical for monitoring, as I was to be taken for an outside surgery the following morning. The surgery to be performed was a dental extraction of my wisdom tooth and molar. I was escorted to medical without incident, and was placed in Cell 6 by Ofc. Donnels and Nursing staff. The cell was dark, and there were what appeared to be clean blankets on the bed inside. Around 7:00 am I was awoken when the lights came on, to find the bed I had been placed in and the blankets "Covered in blood" "This was not my blood" I immediately pushed the security alarm after being denied a shower and clean clothes by Sgt Enyard. She reset the alarm and began to walk away. I pushed it again. Sgt. Kelly responded and I was given a clean set of clothes. Not allowed to shower. I'm now being tested for blood infections.

D. Previous Lawsuits

1. Have you begun other lawsuits in **state or federal court** dealing with the **same facts** involved in this action, **or otherwise relating to your imprisonment?** Yes No

2. If your answer is "Yes," describe each lawsuit.

a. Lawsuit 1:

Plaintiff(s): _____

Defendant(s): _____

Name and location of court: _____

Docket number: _____ Name of judge: _____

Approximate date case was filed: _____ Date of final decision: _____

Disposition: Dismissed Appealed Still pending

Issues Raised: _____

b. Lawsuit 2:

Plaintiff(s): _____

Defendant(s): _____

Name and location of court: _____

Docket number: _____ Name of judge: _____

Approximate date case was filed: _____ Date of final decision: _____

Disposition: Dismissed Appealed Still pending

Issues Raised: _____

3. Have you filed an action in federal court that was dismissed because it was determined to be frivolous, malicious, or failed to state a claim upon which relief could be granted?

Yes No

If your answer is "Yes," describe each lawsuit on the next page.

Lawsuit #1 dismissed as frivolous, malicious, or failed to state a claim:

- a. Defendant(s): _____
- b. Name of federal court _____ Case number: _____
- c. The case was dismissed as: ___ frivolous, ___ malicious and/or ___ failed to state a claim
- d. Issue(s) raised: _____
- e. Approximate date case was filed: _____ Date of final decision: _____

Lawsuit #2 dismissed as frivolous, malicious, or failed to state a claim:

- a. Defendant(s): _____
- b. Name of federal court _____ Case number: _____
- c. The case was dismissed as: ___ frivolous, ___ malicious and/or ___ failed to state a claim
- d. Issue(s) raised: _____
- e. Approximate date case was filed: _____ Date of final decision: _____

Lawsuit #3 dismissed as frivolous, malicious, or failed to state a claim:

- a. Defendant(s): _____
- b. Name of federal court _____ Case number: _____
- c. The case was dismissed as: ___ frivolous, ___ malicious and/or ___ failed to state a claim
- d. Issue(s) raised: _____
- e. Approximate date case was filed: _____ Date of final decision: _____

4. Are you in imminent danger of serious physical injury? Yes No

If your answer is "Yes," please describe how you are in danger, without legal argument/authority: _____

F. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. Damages in the amount of \$ 10,139.000.00
2. Punitive damages in the amount of \$ 1,139.000.00
3. An order requiring defendant(s) to Pay all legal and ongoing medical expences, cost. As a result of Negligence, malpractice, deliberate false imprisonment
4. A declaration that _____
5. Other: _____

Plaintiff demands a trial by jury. X Yes _____ No

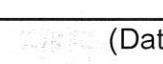
DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that s/he is the plaintiff in the above action, that s/he has read the above civil rights complaint and that the information contained in the complaint is true and correct.

Executed at Anchorage Correctional Complex on 09-01-2019
(Location) (Date)

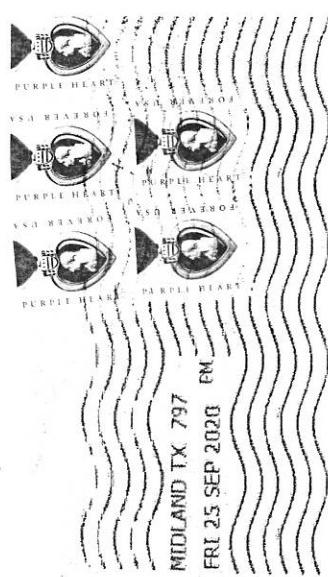

(Plaintiff's Signature)

Original Signature of Attorney (if any)


(Date)

Attorney's Address and Telephone Number

Jeffrey Jobe 20430-0006
Federal Correctional Institution
1900 Simler Ave.
Big Spring, TX 79720



UNITED STATES DISTRICT COURT
DISTRICT OF ALASKA
CLERK OF COURT
222 West 7th Ave
ANCHORAGE, ALASKA 99513-7564